

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division  
Bureau of Medicaid Policy and Actuarial Services  
Medical Services Administration

<b>Project Number:</b>	0360-LHD	<b>Comments Due:</b>	11/19/03	<b>Proposed Effective Date:</b>	January 1, 2004
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**Policy Subject:** Blood Lead Testing

**Affected Programs:** Medicaid, Children's Special Health Care Services

**Distribution:** Local Health Departments

**Policy Summary:** Local Health Departments (LHD) will no longer be required to obtain a referral or prior authorization from Medicaid fee for service (FFS) or health plan providers to obtain a blood lead sample from Medicaid children up to six years of age. The blood lead sample may be completed by a capillary draw or venipuncture method. MDCH will directly reimburse the LHD for all blood lead draws completed on FFS and health plan beneficiaries.

# Proposed Policy Draft

Michigan Department of Community Health  
Medical Services Administration

**Distribution:** Local Health Departments

**Issued:** xx-xx-03

**Subject:** Blood Lead Testing

**Effective:** xx-xx-04

**Programs Affected:** Medicaid, Children's Special Health Care Services

## **Purpose**

Effective January 1, 2004, Local Health Departments (LHDs) will no longer be required to obtain a referral or prior authorization from Medicaid Fee for Service (FFS) or health plan providers to obtain a blood lead sample from Medicaid children up to six years of age. The policy change is in response to the Department's efforts to increase access to blood lead testing for all Medicaid children.

This bulletin provides information regarding the changes related to LHD reimbursements for blood lead draws and discusses the LHD role in assuring communication of test results to the primary care provider. All LHD blood lead draws completed in accordance with this policy will be reimbursed by the Michigan Department of Community Health (MDCH). Providers should refer to the Medicaid EPSDT periodicity table for guidelines regarding appropriate age interval for blood lead testing.

Prior to obtaining a blood lead specimen for either a FFS or health plan beneficiary, reasonable efforts must be made by the LHD to assure that a blood lead test has not been obtained by the child's primary care provider or other provider. It is important that the LHD addresses this issue in an effort to prevent duplication of services.

The LHD may complete a maximum of one blood lead draw per child, per year. The LHD must instruct the laboratory completing the blood lead analysis to send all blood lead test results to the PCP. Should a positive result be found, the LHD must assist in making arrangements for the child to be treated by their primary care provider (PCP) for appropriate follow-up care. The PCP will be responsible for any additional blood lead testing.

## **Capillary Draw Billing and Reimbursement (Fee for Service and Health Plan Beneficiaries)**

If a capillary blood specimen is obtained, the LHD may bill MDCH using procedure code 36416, "Collection of capillary blood specimen (e.g., finger, heel, ear stick)." Providers must use the Professional 837 (ASCX12N 837, version 4010A1) for electronic submission or the HCFA 1500 (12-90) for paper claim submission. Your Medicaid manual details documentation requirements for blood handling.

For policy information regarding Cost Reports/Federal Financial Participation or venipuncture draw billing and reimbursement using procedure code 36415, refer to bulletin MSA 03-01.

### **Blood Lead Analysis**

The LHD may send the sample to the state laboratory for analysis, or to any clinical laboratory that is CLIA-certified to perform blood lead analysis. The information accompanying the sample to the laboratory must include the name of the primary care provider, if known, and the name of the health plan for those children enrolled in managed care. The LHD must assure that the results of the blood lead analysis are sent to the primary care provider and health plan.

The LHD may complete the blood lead analysis if they are CLIA-certified to do so. (**Note:** If the LHD completes the blood lead analysis, procedure code 83655 should be billed. The reimbursement for 83655 includes payment for the capillary or venipuncture blood lead draw.)

For policy information regarding blood lead analysis billing and reimbursement, refer to bulletin MSA 03-01.

### **Manual Maintenance**

Retain this bulletin for future reference.